

Date: Monday, 15/06/2009 4:20:04 PM
 User: Julie Dawson

Process Sheet

Customer :	CU-DAR001 Dart Helicopters Services	Drawing Name :	REAR OVERHEAD CENTER, IVORY
Job Number :	48591C		
Estimate Number :	13591		
P.O. Number :		Part Number :	D38233KIV
This Issue :	15/06/2009	S.O. No. :	
Prsht Rev. :	NC	Drawing Number :	D3823-3
First Issue :	//	Project Number :	
Previous Run :	47670C	Drawing Revision :	
Written By :		Material :	MKYD6185S080P362015
Checked & Approved By :		Due Date :	22/06/2009
Comment :	Est. A New Issue 08/09/17 DL Rev B Dwg. Update 09/02/09 DL verified by:DD Est. Rev C Add Colour Code 09/06/02 DL		

Qty: 3 Um: Each

Additional Product

Job Number:



Seq. #:	Machine Or Operation:	Description :
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1.0	MKYD6185S080P362015	6185 KYDEX .080"
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Comment: Qty.: 11.3747 sf(s)/Unit Total : 56.8733 sf(s)
 6185 Kydex .080" Ivory

M 109703

2.0	HAND FINISH TH	HAND FINISHING THERMOFORMING
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Comment: HAND FINISHING THERMOFORMING

1) Machine set up

BB 09/06/22 x1

3.0	HAND FINISH TH	HAND FINISHING THERMOFORMING
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Comment: HAND FINISHING THERMOFORMING

1) Cut sheet to required blank size

BB 09/06/22 x3

4.0	THERMOFORMING	THERMOFORMING MACHINE
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Comment: THERMOFORMING MACHINE

Thermoform as per Dwg. D3823-3 and folio FTA 032 using tool DT 9110

Dwg. Rev. C

Folio Rev. B

BB 09/06/22 x3

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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Process Sheet

Customer: CU-DAR001 Dart Helicopters Services

Drawing Name: REAR OVERHEAD CENTER, IVORY

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Seq. #:

Machine Or Operation:

Description :

5.0

QC2

INSPECT PARTS AS THEY COME OFF MACHINE



Comment: INSPECT PARTS AS THEY COME OFF MACHINE

Visually inspect for proper formation of each part

BB 09/06/22 X3

6.0

QC8

SECOND CHECK



Comment: SECOND CHECK

DL 09/06/22 X3

7.0

HAND FINISH TH

HAND FINISHING THERMOFORMING



Comment: HAND FINISHING THERMOFORMING

1) Trim to Finished Dimensions

DL 09/06/22 X3

8.0

QC2

INSPECT PARTS AS THEY COME OFF MACHINE



Comment: INSPECT PARTS AS THEY COME OFF MACHINE

Check dimensions to ensure conformity to drawing tolerances.

DL 09/06/22 X3

9.0

QC5

INSPECT WORK TO CURRENT STEP



Comment: INSPECT WORK TO CURRENT STEP

DL 09/06/23 X3

10.0

PACKAGING 1

PACKAGING RESOURCE #1



Comment: PACKAGING RESOURCE #1

Identify and Stock

Location: _____

DL 09/06/23

30

500

11.0

QC21

FINAL INSPECTION/W/O RELEASE



Comment: FINAL INSPECTION/W/O RELEASE

DL 09/06/23

Job Completion



MF 09-06-23

W/O:		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector	

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

DART AEROSPACE LTD	Work Order: 48591 C
Description:	Part Number: D3823-3 KLV
Inspection Dwg: D3823-3 Rev: C	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article ☐ Prototype

THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than <u>N/A</u> "				
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

Measured by: Sh Date: 09/06/22

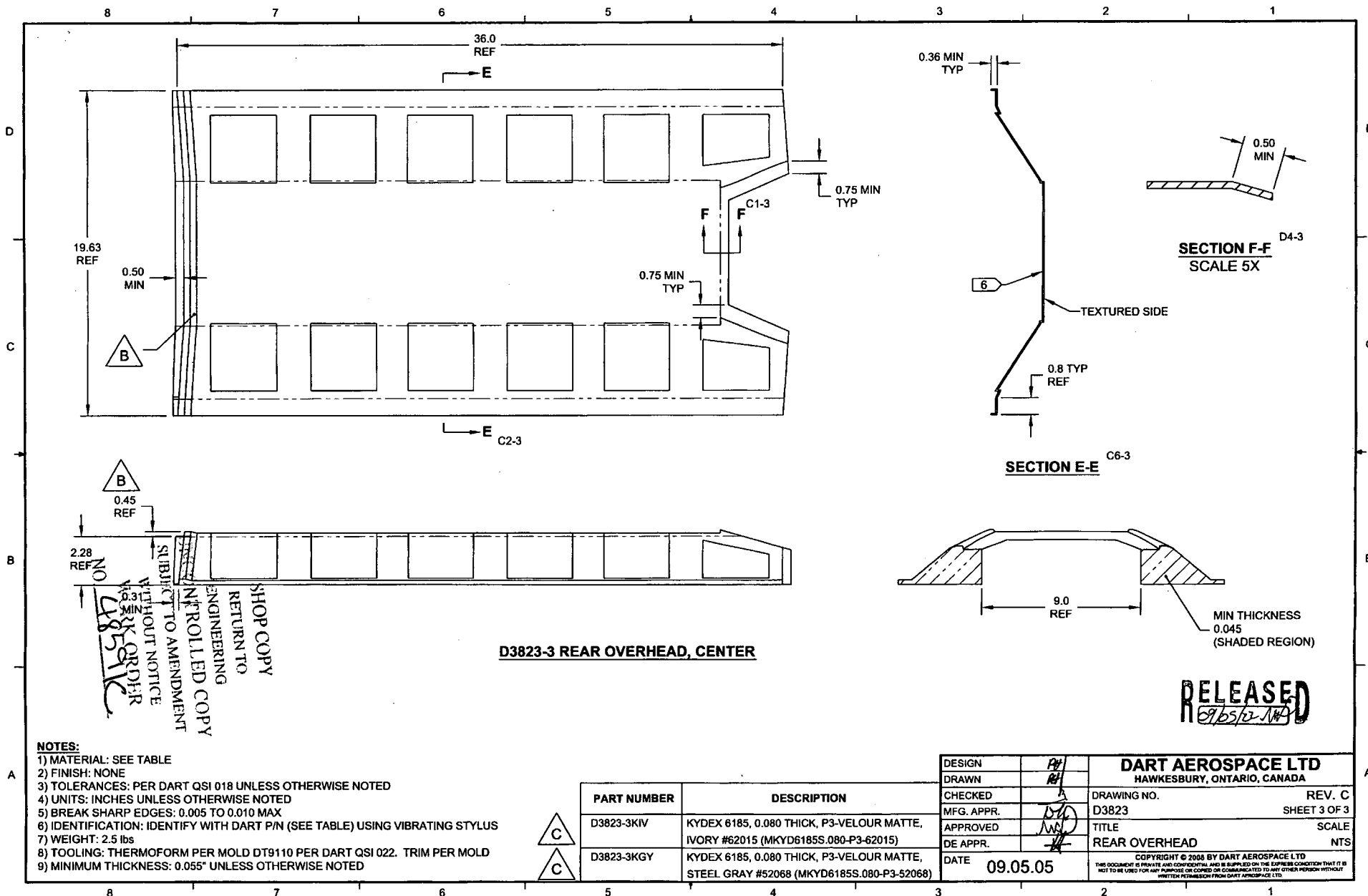
TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.50"	MIN	0.506"	✓			
0.75"	MIN	0.76"	✓			
0.36"	MIN.	0.37"	✓			
0.504	MIN	0.527"	✓			
0.045"	MIN.	0.056"	✓			
0.055"	MIN.	0.067"	✓			

Measured by: Sh Date: 09/06/22
 Audited by: FB Date: 09/06/23
 Prototype Approval: _____ Date: _____

Rev	Date	Change	Revised by	Approved
A		New Issue	KJ/DL	

(Handwritten signature)



W/O:		WORK ORDER CHANGES					
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Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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NOTE: Date & initial all entries